

# **EXHIBIT L**



# Ameritrade

# Trading Authorization Agreement

POBox 2760• Omaha, NE 68103-2760

fiiX: 666-466-6266

Account Number.

9470

Account NamdTIUe:

Seymour Ladd and Shirley Ladd, as joint tenants

The Account Owner(s) listed below hereby authorizes and appoints the Authorized Agent(s) below as the Account Owners or Owners' agents and attorneys-in-fact for the purchase and sale of securities and other financial instruments in cash and/or on margin in the Account Owner's or Owner's name or number on the TD Ameritrade Clearing, Inc. (the "Clearing Firm") book(s) (the "Account"). The Authorized Agent(s) may act on behalf of and without notice to the Account Owner(s) to buy, sell, sell short, and to otherwise trade stocks, bonds, mutual funds, options, and/or any other securities, financial contracts, or financial instruments. Trading Authorization does not allow your Authorized Agent to instruct the Brokerage Firm to make any changes to the Account Owner(s) Account, such as address of record, suitability information, or to upgrade the Account to trade on margin or to trade options. The actions of the Authorized Agent(s) have the same force and effect as those of the Account owner(s) with respect to such transactions, and TD Ameritrade, Division of TD Ameritrade, Inc. (the "Brokerage Firm") is authorized to follow such actions as if directly instructed by the Account Owner(s). The Authorized Agent(s) represents they are familiar with the Account Owner(s) investment objectives, financial situation, and needs, and will invest in a manner consistent with these objectives. The Client Agreement set forth in the Account Agreement (including arbitration of disputes), and this Client Agreement, shall apply to the Authorized Agent(s).

If FullTrading Authorization is chosen, this authority includes the right to request delivery of securities' monies from the account in the Account Owner's or Owners' name(s).

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duties andpowers.

The Account Owner(s) understands all such transactions conducted by the Authorized Agent(s) are at the Account owner's or Owners' own risk. The Account Owner(s) hereby ratifies and authorizes the Authorized Agent(s) to the Account. Accordingly, the Account Owner(s) agrees to indemnify and hold harmless the Brokerage Firm and Clearing Firm from any and all losses arising from and to promptly pay on demand any debit balance due on the Account. The Brokerage Firm and Clearing Firm assume no responsibility for trademark monitoring or reviewing any investment activity or decision of the Authorized Agent in the Account Owner(s) account. Further, the Brokerage Firm Clearing Firm not to be liable for any loss or damage to the Account Owner(s) account.

This authorization and indemnity is in addition to and in no way limits or restricts any rights which the Brokerage Firm or Clearing Firm may have under any other agreement with the Account Owner(s) or Authorized Agent(s). This authorization and indemnification shall benefit the Brokerage Firm and Clearing Firm, and any successor firm, in the event of any change in the personnel thereof, and their assigns.

This Trading Authorization Agreement supersedes any prior Trading Authorization Agreements that the Account Owner(s) may have executed with regard to the Account. This Agreement shall remain in full force and effect until revoked by the Account Owner(s), written notice addressed to the Brokerage Firm and delivered to its offices. The Account Owner(s) shall be liable for transactions initiated prior to the Broker's receipt of such written revocation.

The Authorized Agent(s) agree(s) to immediately notify the Brokerage Firm in writing if any Authorized Agent(s), or members of his/her household, are either a) currently employed or licensed by member of a stock exchange or the Financial Industry Regulatory Authority (FINRA), or registered as a securities investment advisor and using the license in a professional sales, trading, or customer service capacity, or b) a director, 10% shareholder, or

To help the government fight the funding of terrorism and money laundering activities, financial institutions obtain and record information in order to ensure the identity of each person authorized to trade on an account

What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

## ArrLIATIONG

Octeck hereby certifies that it is not an Authorized Agent, any member of its immediate family, or any business associate of a senior political figure (SPF).

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IZJCheck here if any AI.(horizeo Agent is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the Authorized Agent, the company ticker: symbol, name, ado=, city, and :state|province:

Robert Ladd: MGT Capital Investment, Inc. (NYSE MKT: MGT) 500 Mamaroneck Avenue, Harrison, NY 10528

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☐ check here if any AulhOnzeCJ Agent(s) is a, or employeeo by, a federal orstate registered Investment Advisor. Are *you* using yourlicenseln a professional sale or trading capacity and teino oompenated for providing investment advice on thisaccount? **YES** n**NO**

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PLAINTIFF'S  
EXHIBIT

**Ladd 27**

TOA07:IF 0:3115

SFC-TDA-F-0000975

Account Number:

9470

**AUTHORIZED AGENT\***

Level of Authorization: (check only one). If neither Full or Limited is marked, the authorization level will default to Limited.  
 Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate,  
 or Trust Accounts; authorization level will default to Limited.)

Limited Trading Authorization for Purchase and Sale of Securities Only

Name Prefix (optional): Mr. Mrs. **OMS**. Ms. Mr.

Full Legal Name:

Robert B. Ladd

Relationship to Account Owner:

son

Date of Birth:

(MM-DD-YYYY)

Social Security Number...

(SSN)

Home Address:

(no PO box or mail drop)

Primary Phone:

City:

State:

ZIP Code:

Source of Income (if retired or unemployed):

Please Specify If You Are: ☒ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Employer Name:

MGT Capital Investments, Inc.

Occupation/Type of Business:

President/ online gaming

Employer Address:

500 Mamaroneck Avenue

City:

Harrison

ZIP Code: 10533

\*Signature required below.

If you do not have a Social Security Number, please submit a photocopy of your passport and a copy of a bank or broker statement.

**AUTHORIZED AGENT\***

Level of Authorization: (check only one). If neither Full or Limited is marked, the authorization level will default to Limited.  
 Full Trading Authorization with Privileges to Withdraw Money and/or Securities (Not applicable on IRA, UTMA, UGMA, Estate,  
 or Trust Accounts; authorization level will default to Limited.)

Limited Trading Authorization for Purchase and Sale of Securities Only

Name Prefix (optional): Mr. Mrs. **OMS**. Ms. Mr.

Full Legal Name:

Relationship to Account Owner:

Date of Birth:

(MM-DD-YYYY)

Social Security Number...

(SSN)

Home Address:

(no PO box or mail drop)

Primary Phone:

City:

State:

ZIP Code:

Please Specify If You Are:

Unemployed ☒ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Source of Income (if retired or unemployed):

Employer Name:

Occupation/Type of Business:

Employer Street Address:

State:

ZIP Code:

\*Signature required below.

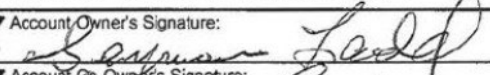
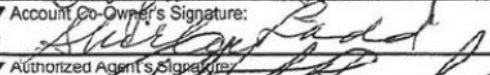
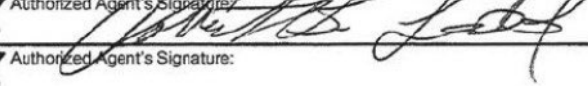
If you do not have a Social Security Number, please submit a photocopy of your passport and a copy of a bank or broker statement.

Account Number:  
94/0

**TRADING AUTHORIZATION**

By our signatures below, the Account Owner(s) and Authorized Agent(s) agree to the provisions within this document in its entirety, and attest that this authorization supersedes any prior trading authorization on the Account Owner(s) may have executed with regard to the Account. Furthermore, Account Owner(s) and Authorized Agent(s) acknowledge that the Brokerage Firm or Clearing may refuse to approve, or remove, the Authorized Agent(s) from acting as the Account Owner(s) agent on this, or any other account.

**All Account Owners/Authorized Agents must sign.**

<input checked="" type="checkbox"/> Account Owner's Signature:		Date:	0 6 _1 9 _2 0 1 5
<input checked="" type="checkbox"/> Account Co-Owner's Signature:		Date:	0 6 _1 9 _2 0 1 5
<input checked="" type="checkbox"/> Authorized Agent's Signature:		Date:	0 6 _1 9 _2 0 1 5
<input checked="" type="checkbox"/> Authorized Agent's Signature:		Date:	__ - __ - _____

Original signature required; electronic signatures and/or signature stamps are not authorized.

Investment Products: Not FDIC | Insurance < \$100,000 | No Bank Guarantee | May Lose Value

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